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Jan 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N18397**

(2)

1. Corporation Name

**EAGLE POINT SOCIAL CLUB, INC.**

Principal Place of Business

**10303 BURNT STORE ROAD  
PUNTA GORDA FL 33950**

Mailing Address

**10303 BURNT STORE ROAD  
PUNTA GORDA FL 33950**

3. Date Incorporated or Qualified

**12/22/1986**

4. FEI Number

**59-2740303**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAFRON, ELWOOD P.  
306 E. OLYMPIA AVENUE  
PUNTA GORDA FL 33951-0400**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	BOWDREN, WALTER	1.2 NAME	Meyer, Grace
STREET ADDRESS	16303 BURNT STORE #87	1.3 STREET ADDRESS	10303 Burnt Store Rd. #220
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	Punta Gorda, FL 33950
TITLE	VD	2.1 TITLE	VD
NAME	MEYER, GRACE	2.2 NAME	Bowdren, Walter
STREET ADDRESS	10303 BURNT STORE 220	2.3 STREET ADDRESS	10303 Burnt Store Rd. #87
CITY-ST-ZIP	PUNTA GORDA FL	2.4 CITY-ST-ZIP	Punta Gorda, FL 33950
TITLE	SD	3.1 TITLE	SD
NAME	MURPHY, MARIA	3.2 NAME	Shay, Jean
STREET ADDRESS	10303 BURNT STORE SUITE 81	3.3 STREET ADDRESS	10303 Burnt Store Rd. #144
CITY-ST-ZIP	PUNTA GORDA FL	3.4 CITY-ST-ZIP	Punta Gorda, FL 33950
TITLE	TD	4.1 TITLE	
NAME	HECKMAN, DONNA	4.2 NAME	
STREET ADDRESS	10303 BURNT STORE #58	4.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	4.4 CITY-ST-ZIP	
TITLE	AST	5.1 TITLE	AST
NAME	CHAMBERLAIN, SHIRLEY	5.2 NAME	Morrow, William
STREET ADDRESS	16303 BURNT STORE #243	5.3 STREET ADDRESS	10303 Burnt Store Red. #134
CITY-ST-ZIP	PUNTA GORDA FL	5.4 CITY-ST-ZIP	Punta Gorda, FL 33059
TITLE	D	6.1 TITLE	
NAME	DIXON, ELSIE	6.2 NAME	McGarvey, Marjorie
STREET ADDRESS	10303 BURNT STORE SUITE 99	6.3 STREET ADDRESS	10303 Burnt Store Rd. #44
CITY-ST-ZIP	PUNTA GORDA FL	6.4 CITY-ST-ZIP	Punta Gorda, FL 33950

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**DONNA HECKMAN**

1-13-98 (941) 575-0610

CR2E037 (10/97)